KANSAS STATE BOARD OF PHARMACY
LANDON STATE OFFICE BUILDING
900 JACKSON, ROOM 560
TOPEKA, KS 66612
(785) 296-4056
FAX (785) 296-8420

FEE $ 50.00

FOR OFFICE USE ONLY

REG._____

DATE_____

APPLICATION FOR REGISTRATION UNDER
KANSAS UNIFORM CONTROLLED SUBSTANCES ACT OF 1972
RESEARCH & TEACHING INSTITUTION

Print or Type Registration Name and physical Address (Include Zip Code)

BUSINESS/FACILITY NAME (If applicable)

ADDRESS

CITY STATE ZIP TELEPHONE NO.

RESEARCHER/TEACHER NAME

ADDRESS

CITY STATE ZIP TELEPHONE NO.

MAILING ADDRESS FOR RENEWAL INFORMATION IF DIFFERENT THAN PHYSICAL ADDRESS

CITY STATE ZIP

This application is being made for the following reason: (Check all that apply)
_ _Schedule I _ _Schedule II/ narcotic _ _Schedule II/nonnarcotic
_ _Schedule III/narcotic _ _Schedule III/nonnarcotic _ _Schedule IV _ _Schedule V

Are you currently authorized by DEA to conduct research or otherwise handle controlled substances in the schedules for which you are applying? Yes_____ No_____ If no, has application been made and pending? Yes_____ No_____

State current DEA Registration Number and Expiration Date. _____
ENCLOSE A COPY OF DEA REGISTRATION

Has the applicant been convicted of any violation of State or Federal Law relating to controlled substances?
Yes_____ No_____ If yes, was conviction a felony? Yes_____ No_____

Has any previous registration held by the applicant under any name or corporate or legal entity under the Kansas Uniform Controlled Substance Act been surrendered, revoked, suspended , denied or is it pending such action? Yes_____
No_____ if yes, attach a letter setting forth the circumstances of such action.

OWNER/CORPORATE OFFICER/AUTHORIZED AGENT PORTION

I, _____, solemnly swear (or affirm) that the statements and representations made in the foregoing application and all attachments are true and correct to the best of my knowledge and understands that this registration, if issued, will expire annually on the30th day of June and such registration will be canceled if not renewed annually by the 31st day of July.

_____
SIGNATURE OF OWNER/CORPORATE/AUTHORIZED AGENT

Signed and sworn to (or affirmed) before me on_____day of _____, 20_____.

(seal)

My commission expire_____ _____
SIGNATURE OF NOTARY PUBLIC

AUTHORIZED RESEARCHER/TEACHER NAME

I, _____, solemnly swear (or affirm) that the statements and representations made in the forgoing application and all attachments are true and correct to the best of my knowledge and understands that this registration, if issued, will expire annyally on the 30th day of June and such registration will be canceled if not renewed annually by the 31st day of July.

_____
SIGNATURE OF RESEARCHER/TEACHER

Signed and sworn to (or affirmed) before me on _____ day of _____, 20_____.

(Seal)

My commission expires _____ _____
SIGNATURE OF NOTARY PUBLIC

THIS APPLICATION REQUIRES TWO NOTARIZED SIGNATURES. IF THIS APPLICATION DOES NOT HAVE TWO NOTARIZED SIGNATURES IT WILL DELAY THE PROCESSING OF THE APPLICATION. BOTH THE OWNER/CORPORATE AND RESEARCHER/TEACHER REPRESNTATIVE PORTIONS MUCT BE SIGNED AND NOTARIZED.